HV 5822.A2.1969792
M9 2mra
Spring 1995

Montana State Library
3 0864 1004 9867 7

STATE DOCUMENTS COLLECTION

SEP 15 2000

MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

MONTANA RESPONDS TO AIDS

Published quarterly by the Preventive Health Services Bureau of the Montana Department of Health and Environmental Sciences

Volume 2, Issue 1 Spring, 1995

Year One of HIV Prevention Community Planning in Montana

Introduction

HIV Prevention Community Planning is a collaborative effort between Montana Department of Health and Environmental Sciences, county and local HIV prevention service providers, and representatives of affected and concerned communities throughout the state. The goal of this collaborative effort is to use a fully open and participatory planning process to develop priorities for the state's HIV/AIDS prevention activities and support applications for continued funding for HIV prevention in Montana.

To create a comprehensive plan to prevent the spread of HIV and to promote HIV/AIDS education, Montana created a planning structure that guaranteed representation and input from Montana's communities, particularly those affected by HIV disease. During the first year of community planning, five regional planning groups (RPGs) were formed. Membership in the RPGs totaled 126 individuals who reflected as closely as possible the nature of the HIV epidemic in Montana. In addition, a statewide planning group (SPG) was formed by electing two members and two alternates from each RPG and the Montana Department of Health and Environmental Sciences (MDHES). The SPG provides linkages between the RPGs and MDHES, coordinates local, regional and state planning efforts, provides guidance for the RPG processes, and helps draft the state HIV comprehensive plan.

Target Populations for HIV Prevention in Montana

Regional Planning Group members analyzed epidemiologic, survey and focus group data to identify target populations for HIV prevention within each region. Target populations for HIV prevention in Montana include: 1) Men having sex with other men; 2) Men and women injecting drug users; 3) Women with high-risk partners; 4) Adolescents at high-risk, including out-of-school youth; 5) Children and families; 6) Native Americans; and 7) Incarcerated men.

HIV Prevention Activities

Activities for HIV prevention targeting the identified populations include: 1) Identifying and implementing culturally appropriate prevention services for gay/bisexual men, men and women injecting drugs, youth at high-risk; 2) Improving access to culturally and linguistically appropriate HIV prevention counseling and testing for gay/bisexual men, men and women injecting drugs, youth at high-risk and Native Americans; 3) Advocating for comprehensive HIV prevention education for school-age youth; and 4) Creating HIV prevention strategies for out-of-school youth.

Conclusion

Montana's comprehensive HIV prevention plan marks the completion of the first year of a five-year process initiated by the Centers of Disease Control (CDC). The goal of this process is to ensure that planning for HIV prevention is done by both the providers and the consumers of prevention services. This enables Montanans to form a community in the truest sense of the word: A group of people able to put differences and workload aside to support a common goal for the well-being of the people served. MDHES and its community partners look forward to implementing this plan. (For more info on community planning call Claudia Montagne 444-3566).

CDC Urges HIV Testing for Pregnant Women

Nationally, HIV and AIDS are increasingly diagnosed among women. In 1993, women comprised 12% of cumulative AIDS cases. The rate of increase in recent AIDS cases among women (38%) from 1992 to 1993, however, is substantially higher than the rate in adolescent/adult men (15%). In 1993, approximately 7,000 HIV-infected women gave birth in the U.S., with 1,000-2000 infants being HIV-infected (assuming a transmission rate of 15-30%). In Montana, approximately 10% of the cumulative AIDS cases are women, 90% of those cases among women of childbearing age (15-44 years old). Further, the percentage of positive HIV tests in Montana that are women increased from 5.4% in 1992 to 23.6% in 1994 with the most common exposure category being heterosexual contact.

In the fall 1994, results of a National Institutes of Health AIDS Clinical Trial reported that zidovudine (ZDV or AZT) could significantly reduce perinatal HIV transmission by as much as two-thirds in some infected women with no serious short-term side effects. Although the use of AZT therapy is not 100% effective and the long-term risks to both the mother and child are not yet known, the reduction in HIV transmission indicates that every HIV-infected pregnant woman should be offered AZT therapy. In February, 1995, CDC published a draft document entitled, "Recommendations for HIV Counseling and Testing for Pregnant Women" that proposes HIV counseling and voluntary HIV testing for all pregnant women to ensure that HIV-infected women recieve and medical care and to reduce the risk of HIV transmission.

HIV/STD Program Changes

The Montana Department of Health and Environmental Sciences' HIV/STD Program will undergo organizational changes during May 1995. The HIV/STD surveillance and disease intervention activities will be consolidated into the Epidemiology/Communicable Diseases Program and the HIV/STD health education activities will be consolidated into the Health Promotion Disease Prevention Program. The goal is to improve coordination of health education with other bureau functions and consolidate surveillance and intervention for all communicable diseases, including HIV and STDs. Judith Gedrose, Preventive Health Services Bureau Chief, states, "the reorganization should result in very little interruption of routine functions. The public will continue to contact and work with the same staff members for technical and financial information."

The focal point for HIV/STD activities will be Judith Gedrose. She can be reached at 406-444-4748. During the transition, Charles Aagenes will be the acting manager for the HIV/STD functions within the Preventive Health Services Bureau and can be reached at 406-444-4474.

STD/HIV Course Update

MDHES' STD/HIV Interviewing Course provides training needed for interviewing persons testing positive for sexually transmitted diseases (including HIV). The course will be offered in Helena, Kalispell, Billings, Missoula, and Rocky Boy in May and June. **Participants can receive 17.4 Montana Nurses Association CEU credits and 14 Chemical Dependency CEU credits.** (Call 406-444-3949 for dates and registration info.)

Gay Men's Task Force on HIV Introduces Newsletter

The Gay Men's Task force on HIV has created a montly newsletter, **TASK FORCE FOCUS**, to print current HIV information related to gay/bisexual men. The newsletter will be distributed to gay/bisexual men, HIV educators and HIV prevention counselors. Individuals interested in learning more about the task force or who want to receive **TASK FORCE FOCUS**, contact David (406-255-7467) or the Montana HIV/STD Program (444-3565).

Montana Department of Health and Environmental Sciences

Director:	Bob Robinson
STD/HIV Program Officer:	Helen McCaffrey
STD/HIV Field Health Officer:	Terry Peterson
STD/HIV Field Health Officer:	Bruce Desonia
STD Administrative Asst:	Jamey Hawe
HIV Surveillance Officer:	Dick Quist
Public Health Educator:	Claudia Montagne
Public Health Educator:	Karyn Goodale
Administrative Assistant:	Theresa Gruby
Administrative Aide:	Kathy Opie

HIV/STD in Montana
Acquired Immunodeficiency Syndrome (AIDS)
Cumulative Surveillance Report - As of March 31, 1995

1. Exposure Category	Adult/Adolescent Males	(%)	Females	(%)	Total	(%)
Men Who Have Sex With Men	147	(65)	0	(0)	147	(59)
Injecting Drug Use	27	(12)	2	(9)	29	(12)
Men Who Have Sex with Men and Injecting Drug Use	27	(12)	0	(0)	27	(11)
Hemophiliac	7	(3)	0	(0)	7	(3)
Heterosexual Contact	6	(3)	14	(61)	20	(8)
Transfusion w/ Blood/Products	4	(2)	4	(17)	8	(3)
None of the Above/Other	7	(3)	3	(13)	10	(4)
Total Adults/Adolescent	**225**	**(100)**	**23**	**(100)**	**248**	**(100)**
	Pediatric					
	Males	(%)	Females	(%)	Total	(%)
Parent at risk/has AIDS/HIV	2	(100)	1	(100)	3	100)
Total Pediatric	**2**	**(100)**	**1**	**(100)**	**3**	**(100)**

2. Age	Cases	(%)	3. Race/Ethnicity	Cases	(%)
Under 5	3	(1)	White, Not Hispanic	220	(88)
5-12	0	(0)	Black, Not Hispanic	6	(2)
13-19	2	(1)	Hispanic	8	(3)
20-29	59	(24)	Asian/Pacific Is.	0	(0)
30-39	116	(46)	Am. Indian/Alaskan	17	(7)
40-49	46	(18)	Unknown	0	(0)
Over 49	25	(10)			
Unknown	0	(0)	**Total**	**251**	**(100)**
Total	**251**	**(100)**			

As of December 31, 1994, there have been 465 cumulative positive HIV tests from 69,053 tests conducted through the MDHES Public Health Laboratory since 1985. Due to anonymous HIV testing, the cumulative number of HIV positive tests may contain duplicates. Nationally, as of December 31, 1994, 441,528 cases of AIDS and 270,870 deaths have been reported to the Centers for Disease Control.

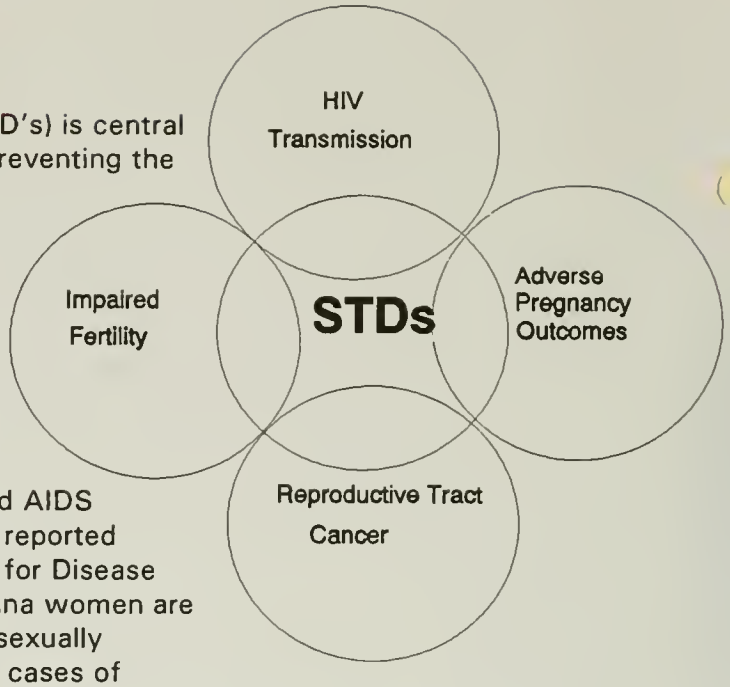
*Includes 173 Montana AIDS cases and 72 cases reported to Centers for Disease Control diagnosed in other states who moved to Montana.

STD MORBIDITY REPORT

Disease	Male 1/94-3/94	Male 1/95-3/95	Female 1/94-3/94	Female 1/95-3/95	Total 1/94-3/94	Total 1/95-3/95
Chlamydia						
Private	11	18	89	87	100	105
Public	29	24	131	124	160	148
Military	9	5	2	6	11	11
Indian Health Service	9	10	31	28	40	38
Total	**58**	**57**	**253**	**245**	**311**	**302**
Chlamydia with PID						
Public	0	0	5	4	5	4
Private	0	0	4	1	4	1
Total	**0**	**0**	**9**	**5**	**9**	**5**
Uncomplicated Gonorrhea						
Private	5	6	5	4	10	10
Public/Military	4	7	6	2	10	9
Indian Health Service	3	3	6	1	9	4
Total	**12**	**16**	**17**	**7**	**29**	**23**
Syphilis-Pri/Sec						
Private	0	0	0	1	0	1
Syphilis-El						
Private	0	0	0	1	0	1
Public	0	2	0	3	0	5
Syphilis-Nuero	0	0	0	0	0	0
Total	**0**	**2**	**0**	**5**	**0**	**7**

To report cases of patients who meet the CDC definition of AIDS, please contact Dick Quist, Surveillance Officer, with the Epidemiology/Communicable Disease Program, (406) 444-4744.

STD Prevention: A common element in HIV prevention and women's & infants' health.



The prevention of sexually transmitted diseases (STD's) is central in maintaining womens' and infants' health and in preventing the transmission of HIV, the virus that causes AIDS.

Sexually transmitted disease are one of the nation's most pervasive health problems, infecting at least 55 million Americans - one in four adults a year. Women are more susceptible to STDs than men but are less likely to experience symptoms, making STD's difficult to diagnose.

In Montana, syphilis, gonorrhea, chlamydia, HIV, and AIDS are the sexually transmitted diseases required to be reported to local and state health departments. The Centers for Disease Control (CDC) estimates that currently 7,060 Montana women are infected with chlamydia, the state's most common sexually transmitted disease. However, in 1994, only 1,433 cases of chlamydia were diagnosed and reported in Montana. If chlamydia is not detected, women may become infertile, or pregnancies can occur outside the womb. Chlamydia infection also increases the number of CD4 cells, the primary target of the HIV virus, in the infected area of the woman. In this way, the disease provides an increased opportunity for the HIV virus to invade the body, which according to CDC, can increase a woman's risk for becoming infected with HIV up to five times. Other STDs, such as the human papilloma virus (HPV), have been linked to cancer of the cervix and vulva.

Sexually transmitted diseases in pregnant women can also have adverse effects on the outcome of pregnancy and on the infant's health. Nearly two thirds of infants born vaginally to mothers with chlamydia infection become infected during delivery, making chlamydia the most common cause of neonatal conjunctivitis and pneumonia during the infants first few months of life. Infants born to women infected with syphilis have a high incidence of congenital deformities and fetal death. In 1993, an estimated 7,000 HIV-infected women gave birth in the U.S., with 1,000 to 2,000 infants infected with HIV (assuming transmission rate of 15% to 30%). The risk factors for HIV acquisition among women has changed over the last several years. Since 1992, heterosexual contact has exceeded IV drug use as the primary exposure category in women with AIDS.

Montana Responds to HIV/STD is a quarterly publication of the HIV/STD Program of the Department of Health and Environmental Sciences. Its purpose is to share up-to-date statistics and local, state and national information with agencies and individuals who are active in the field of HIV/STD in Montana. Address corrections and other correspondence should be addressed to editor Helen McCaffrey, Preventive Health Services Bureau, MDHES, Cogswell Building, Helena, MT 59620, or telephoned to (406)444-1604. This publication is made possible through funding from the Centers for Disease Control and Prevention. 800 copies of this public document were published at a cost of $0.55 per copy, for a total cost of $440.00, which includes $327.00 for printing and $113.00 for distribution.

Montana Department of Health
and Environmental Sciences
Preventive Health Services Bureau
Cogswell Building
P.O. Box 200901
Helena, MT 59620
(406)444-3565
Fax (406)444-2920

STATE LIBRARY
1515 E 6TH AVE
PO BOX 201800
HELENA MT 59620-1800

BULK RATE
U.S. POSTAGE
PAID
HELENA, MT
PERMIT NO. 89

Montana AIDS Hotline 1-800-233-6668

S
362.1969792
H2MRa
Vol. 2, No.2

MONTANA RESPONDS TO AIDS

STATE DOCUMENTS COLLECTION

SEP 25 1995

MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

Published quarterly by the Preventive Health Services Bureau of the Montana Department of Health and Human Services

Volume 2, Issue 2 Summer, 1995

AIDS IN ADOLESCENTS

As we move into the second decade of the AIDS epidemic, significantly more persons are living with HIV infection. Nationally, there were 471,389 cases of AIDS and 243,423 deaths have been reported as of May 31, 1995. The number of AIDS cases reported each year among U.S. adolescents (13-19 years of age) has increased from one case in 1981 to 588 cases in 1993. Through June, 1994, a total of 1,768 AIDS cases among adolescents has been reported. As of June 30, 1995, there were 255 total AIDS cases reported in Montana, five who are under nineteen years of age.

Montana AIDS data regarding adolescent cases should not be misinterpreted or taken lightly. The seemingly few AIDS cases reported among adolescents does not reflect the true depth of the epidemic. These numbers only represent adolescents who meet the specific AIDS diagnostic criteria, and does not include adolescents who have HIV infection, but have not yet developed AIDS. The cumulative number of AIDS cases reported among persons aged 20-29 is important data to consider because the period between HIV infection and the clinical diagnosis of AIDS can be nearly ten years - many persons aged 20-29 may have been infected in their teen years. More alarming, the percent of Montana AIDS cases in persons aged 20-19 (24% of total cases) is greater than the national percent for this same age group (19% of total cases).

Many Montana teenagers are engaging in behaviors that put them at risk of acquiring HIV infection. The Montana Youth Risk Behavior Survey (1993) states that among sexually active 12th grade students in Montana, 37% report having had sexual intercourse by age 14; over 77% report having had sexual intercourse by age 16. While not all adolescents are "at-risk" for HIV infection, most fall along a continuum of risk. Categories that help define the risk are helpful to identify and develop adolescent-specific interventions. In terms of risk, therefore, there are three categories of behaviors among adolescents for whom HIV prevention and interventions should be targeted. (***Continued page 2***)

PLEASE RETURN

AIDS in Adolescents (cont.)

Low risk/No exposure. The first group are those who are low risk. Low risk adolescents are not sexually active, are not injecting drugs intravenously, and have not received a blood transfusion prior to 1985. However, as they get older, many of them will begin to experiment sexually, and some will inject drugs. Adolescents within this realm usually do not need psychosocial and medical services, however, they should be provided with specific information on HIV infection, comprehend prevention measures, and have strong decision making skills.

Moderate risk/No exposure. The second category of HIV intervention should be targeted to the sexually active adolescent who has not yet been exposed to the virus, yet who is engaging in behaviors placing him or her at risk for HIV. As HIV infection becomes more prevalent in Montana, the moderate risk adolescent group becomes smaller. Similar to the low risk adolescent group, this group requires risk reduction information, resiliency and skill building activities, and some teens may require medical services and clinical interventions specific to HIV and other sexually transmitted diseases.

High risk/Possible exposure. The third category describes adolescents who are notably at high risk for HIV infection. These teenagers are categorized as such because of behaviors providing probable exposure to HIV infected individuals. Historically, these are the adolescents who engage in unprotected sexual intercourse, experience multiple sex partners, share intravenous drug needles, and/or have sexual relations with other high risk persons. These adolescents require multi-faceted interventions, including HIV testing, psychosocial and medical services, and specific programs designed to increase decision making skills and reduce their risk of transmission.

Clearly, these categories are not mutually exclusive - rather they can serve as a tool in selecting appropriate interventions for teens. In the next issue, a look at adolescents will continue with a focus on specific risk factors associated with HIV infection.

Montana Department of Health and Environmental Sciences

Director:	Bob Robinson
STD/HIV Program Officer:	Helen McCaffrey
STD/HIV Field Health Officer:	Terry Peterson
STD/HIV Field Health Officer:	Bruce Desonia
STD Administrative Asst:	Jamey Hawe
HIV Surveillance Officer:	Dick Quist
Public Health Educator:	Claudia Montagne
Public Health Educator:	Vacant
Administrative Assistant:	Theresa Gruby
Administrative Aide:	Kathy Opie

HIV Positive Retreats

The Lewis and Clark AIDS Project, together with other Montana community organizations, are sponsoring the fourth annual retreat for HIV positive women. During the three day retreat, HIV infected women from the Rocky Mountain states will meet in Helena, Montana September 28 to October 31, 1995. The goal of the retreat is to provide a confidential, nurturing atmosphere in which women are given a chance to share experiences, form community, lay down their burdens and cares, and gain skills and information that will empower them to be in charge of their lives. For more information, please contact Kay at the Lewis & Clark AIDS Project - Women Power; 1930 Ninth Ave.; Helena, MT 59601 or call (406) 443-2584.

Strength: A retreat for HIV positive men will also be held in October in Helena, Montana. Sponsored by the Yellowstone County Health Department, this retreat will provide a comfortable, safe place for men with HIV to gather to share their stories, gain knowledge, and most importantly, to gain strength from each other. For men who have felt alone and isolated with HIV, this is an opportunity to spend time with people who understand the issues surrounding living with HIV, as well as a chance to learn from others and to teach.

For more information about the HIV positive men's retreat, please call Ron Seibel, Deering Community Health Center; 123 South 27th; Billings, MT 59101 at (406) 256-6821.

HIV/STD in Montana
Acquired Immunodeficiency Syndrome (AIDS)
Cumulative Surveillance Report - As of June 30, 1995

1. Exposure Category	Adult/Adolescent Males	(%)	Females	(%)	Total	(%)
Men Who Have Sex With Men	149	(65)	0	(0)	149	(59)
Injecting Drug Use	27	(12)	2	(9)	29	(12)
Men Who Have Sex with Men and Injecting Drug Use	28	(12)	0	(0)	28	(11)
Hemophiliac	7	(3)	0	(0)	7	(3)
Heterosexual Contact	6	(3)	14	(61)	20	(8)
Transfusion w/ Blood/Products	3	(1)	4	(17)	8	(3)
None of the Above/Other	9	(4)	3	(13)	12	(5)
Total Adults/Adolescent	229	(100)	23	(100)	252	(100)
	Pediatric					
	Males	(%)	Females	(%)	Total	(%)
Parent at risk/has AIDS/HIV	2	(100)	1	(100)	3	100)
Total Pediatric	2	(100)	1	(100)	3	(100)

2. Age	Cases	(%)
Under 5	3	(1)
5-12	0	(0)
13-19	2	(1)
20-29	60	(24)
30-39	118	(46)
40-49	46	(18)
Over 49	26	(10)
Unknown	0	(0)
Total	251	(100)

3. Race/Ethnicity	Cases	(%)
White, Not Hispanic	224	(88)
Black, Not Hispanic	6	(2)
Hispanic	8	(3)
Asian/Pacific Is.	0	(0)
Am. Indian/Alaskan	17	(7)
Unknown	0	(0)
Total	255	(100)

As of June 30, 1995, there have been 474 cumulative positive HIV tests from 73,525 tests conducted through the Public Health Laboratory since 1985. Due to anonymous HIV testing, the cumulative number of HIV positive tests may contain duplicates. Nationally, as of June 30, 1995, 471,389 cases of AIDS and 243,423 deaths have been reported to the Centers for Disease Control.

*Includes 173 Montana AIDS cases and 72 cases reported to Centers for Disease Control diagnosed in other states who moved to Montana.

STD MORBIDITY REPORT

Disease	Male 1/94-6/94	Male 1/95-6/95	Female 1/94-6/94	Female 1/95-6/95	Total 1/94-6/94	Total 1/95-6/95
Chlamydia						
Private	31	33	192	158	223	199
Public	60	37	283	228	343	265
Military	22	13	8	12	30	25
Indian Health Service	19	13	90	70	109	83
Total	132	96	573	468	705	564
Chlamydia with PID						
Public	0	0	5	8	5	8
Private	0	0	6	1	6	1
Total	0	0	11	9	11	9
Uncomplicated Gonorrhea						
Private	7	9	7	7	14	16
Public/Military	6	10	10	7	16	17
Indian Health Service	5	3	9	2	14	5
Total	18	22	26	16	44	38
Syphilis-Pri/Sec						
Private	0	0	2	1	2	1
Syphilis-El						
Private	1	0	0	1	1	1
Public	2	3	1	3	3	6
Syphilis-Nuero	0	0	0	0	0	0
Total	3	3	3	5	6	8

Upcoming Events:

- *HIV Prevention Counseling: A client centered* approach will be sponsored by Montana Department of Public Health and Human Services' (PHHS) HIV/STD Prevention Project. This two day course will be scheduled for Sept. 26-27 in Deer Lodge and during the week of Sept. 19 in Missoula. Additional courses in Pablo and Crow Agency will be scheduled during the Fall, 1995. Call Kathy Opie at (406) 444-3565 for registration information.

- *STD/HIV Interviewing and Field Investigation Techniques Course* will sponsored by PHHS' STD Prevention Project. Varying in length of time (from two days to one-half day), these courses can be scheduled according to need and demand. The course has been approved for continuing education credits for nurses, social workers, and chemical dependency counselors. Please call Terry Peterson at (406) 444-2678 for scheduling information.

- *Women Power: A retreat for HIV positive women*. Sponsored by the Lewis & Clark AIDS Project, the retreat will be held September 28 to October 1, 1995 in Helena, MT. Call Kay at at (406) 443-2584 for further information.

- *Strength: A retreat for HIV positive men* will be held October 5-8, 1995 in Helena Montana. Contact Ron Siebel at the Deering Community Clinic at (406) 256-6821 for more information.

- Montana Public Health Association (MPHA) meeting will be held October 16-18, 1995 in Missoula. Please call Gerry Baertsch at the University of Montana (406) 243-4603 for information.

- *National Red Ribbon Week*, recognizing students pledging to be drug free, will be held October 21-28. Please contact Mamie Flinn at Montana Communities in Action at (406) 443-7110 for additional information.

- In 1995, World AIDS Day will recognized on and around December 1 under the banner *Shared Rights, Shared Responsibilities* to highlight the importance of equality and solidarity in the global response to HIV/AIDS. In August, the World AIDS Day action kit for 1995 will be mailed to the state coordinator for World AIDS Day, and to HIV Prevention Sites and community based organizations throughout Montana. If you would like to be involved in World AIDS Day activities please contact your local health department or call Claudia Montagne at (406) 444-3566.

- The HIV Prevention State-wide Planning Group will be holding a meeting September 15-17 in Three Forks, MT.. Those interested in HIV Prevention Community Planning should call Claudia Montagne at DPHHS' HIV/STD Prevention Project (406) 444-3566.

Montana Responds to HIV/STD is a quarterly publication of the HIV/STD Prevention Project of the Department of Public Health and Human Services. Its purpose is to share up-to-date statistics and local, state and national information with agencies and individuals who are active in the field of HIV/STD in Montana. Address corrections and other correspondence should be addressed to editor Helen McCaffrey, Preventive Health Services Bureau, Montana Department of Public Health and Human Services, Cogswell Building, Helena, MT 59620, or telephoned to (406)444-1604. This publication is made possible through funding from the Centers for Disease Control and Prevention. 800 copies of this public document were published at a cost of $0.55 per copy, for a total cost of $440.00, which includes $327.00 for printing and $113.00 for distribution.

STATE LIBRARY
1515 E 6TH AVE
PO BOX 201800
HELENA MT 59620-1800

BULK RATE
U.S. POSTAGE
PAID
HELENA, MT
PERMIT NO. 89

Montana Department of Public Health
and Human Services
Preventive Health Services Bureau
Cogswell Building
P.O. Box 200901
Helena, MT 59620
(406)444-3565
Fax (406)444-2920

Montana HIV Prevention Hotline 1-800-233-6668

,2.196979 2
2mra
ol 2, No 3

MONTANA RESPONDS TO HIV/STD

STATE DOCUMENTS COLLECTION

AUG 0 4 2000

MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

Published quarterly by the Preventive Health Services Bureau of the Montana Department of Public Health and Human Services

Volume 2, Issue 3 Fall/Winter, 1995

Part II: HIV/AIDS IN YOUTH

The Facts.

The summer edition of the Montana Department of Public Health and Human Service's newsletter featured an article on AIDS in Adolescents. The article in particular focused on categories of risk and exposure in relation to adolescents. These categories are designed to aid in the development of HIV prevention and interventions for adolescents. The deliniation between the degrees of risk can be helpful in planning interventions in your community. This article focuses on the current situation in the U.S. among youth and the unique characteristics surrounding this population.

According to the CDC, as of December, 1994 there have been 1,965 AIDS cases reported for youth 13-19 years old. More startling is there have been 16, 575 AIDS cases reported for people 20-24 years of age. Since infection may occur up to 10 years before an AIDS diagnosis, most of those individuals were infected with HIV either as an adolescent or pre-adolescents.

Today, one in four new HIV infections in the U.S. occurs in people younger than 22. The infection rates for other sexually transmitted diseases is also increasing rapidly. Youth comprise 25 percent of the 12 million STD cases reported annually to the CDC; and one out of every four sexually active youth becomes infected with an STD every year. The same behaviors that place people at risk for STDs also puts them at risk for HIV infection. With this, comes the fear that if other STDs, such as gonorrhea and chlamydia, are being transmitted, so is HIV.

What puts youth at risk?

With these alarming numbers, we often ask why youth and what puts them at risk. There are many facets to being young, especially your adolescent years. There are several reasons for this, some unique to this population, others a universal problem of today's society. Part of growing up consists of taking risks, testing limits and questioning authority. Often youth think they are invincible, and just don't believe something as devastating as AIDS can happen to them. Most youth do not consistently use condoms. Moreover, the availability of condoms and health services are often limited for this population. But most importantly, our youth is not being educated with the facts about HIV/STDs, the risks of transmission, and how to protect themselves against these diseases.

What can we do to provide a safer environment?

Once we begin to understand the dynamics surrounding our youth, we can begin to plan effective and appropriate means of educating this population. Schools offer a window of opportunity to educate about how HIV, and other STDs are spread. This education cannot be a "one shot deal," but rather an on-going process, gaining sophistication as the individual matures. A common argument against HIV/STD education programs is that exposing youth to information about sex will encourage them to engage in sexual activity. A 1994 study done in 23 school-based programs found the opposite was true. Youth who received specific AIDS education were less likely to engage in sex; and those who did were more likely to have sex less often and have safer sex. Some of the elements of the successful programs included: narrow, specific focus; instruction on social influences and pressures; age and experience-appropriate reinforcement of values and norms against unprotected sex; and skills-building activities.

Our young people should be receiving two messages: one promoting abstinence and the delay of sexual activity; the other warning against high-risk behaviors and teaching youth how to protect themselves. These messages may seem contradictory, but rather they are complex. For example, we often advocate against drinking: "Don't drink, but if you do drink, don't drive." Knowledge alone will not change people's behaviors. Programs that focus on helping youth change their behavior, by using role-playing, games, and exercises that strengthen social skills, have demonstrated signs of success. Furthermore, getting the youth involved in these programs gives a sense of ownership and is more likely to sustain the program.

Schools, however, are not the only answer. Programs targeting hard-to-reach youth (out-of-school and gay/bisexual youth) at high risk for HIV are necessary in other venues outside of school. These programs may include runaway shelters, dropout centers, shopping malls, and neighborhood centers.

According to the 1993 Montana Youth Risk Behavior Survey, the percent of youth who have ever had sexual intercourse is similar to the national percent. The survey reported 51% of Montana's youth repondend to ever having sexual intercourse, as compared to 54% in the national survey. The same holds true for youth who reported having sexual intercourse with four or more people during their life: 18% for Montana youth, and 19% nationally. Of particular concern, only 46% of Montana youth reported using a condom during last sexual intercourse. These results indicate that Montana, although a rural state, is not all that different from youth across the country. Although Montana has a low incidence of HIV/AIDS, our youth are not immune. Many leave Montana and go to other states and urban centers for work and college. We need to equip our youth with appropriate and adequate knowledge about these "real-life" dangers.

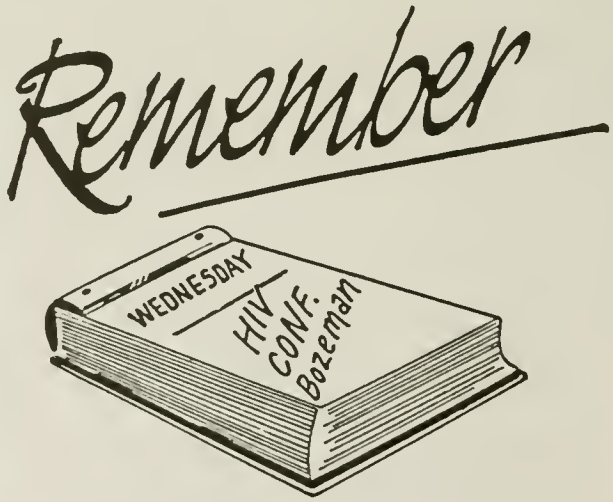
The Future of our Youth.

There have been several successful intervention programs implemented around the country. Some include school-based education programs, condom availability, and other community interventions. In the next issue, we will continue this focus on AIDS in Youth. We will discuss school-based programs and condom availability programs. We will also explore how to get our youth involved, a critical component of any intervention; and how to gain community and school support for these programs. For more information, you can also contact the HIV/STD program office.

Sources: (1) CDC HIV/AIDS Surveillance Report, Vol. 6, No. 2; (2) HIV Prevention: Looking Back, Looking Ahead, a project of the Center for AIDS Prevention Studies, University of California, San Francisco and the Harvard AIDS Institute; (3) Condom Availability in Schools: An Integral Component to Comprehensive School Health Programs, Advocates for Youth, Washington, D.C.; and (4) 1993 Montana Youth Risk Behavior Survey.

5TH MONTANA CONFERENCE ON HIV/AIDS

Mark your calendars for the next conference, to be held in Bozeman, May 22-24, 1996! It is entitled, "HIV ON THE FRONTIER: Rural Perspectives on Prevention and Care." You won't want to miss it!!



Montana Department of Public Health and Human Services

Director:	Peter Blouke, Ph.D.
STD/HIV Program Officer:	Helen McCaffray
STD/HIV Field Health Officer:	Terry Peterson
STD/HIV Field Health Officer:	Bruce Desonia
STD Administrative Asst:	Jamey Hawe
HIV Surveillance Officer:	vacant
Public Health Educator:	Claudia Montagne
Public Heelth Educator:	Linda Lahti
Administrative Assistent:	Theresa Gruby
Administrative Aide:	Kathy Opie

HIV/STD in Montana
Acquired Immunodeficiency Syndrome (AIDS)
Cumulative Surveillance Report - As of December 1, 1995

1. Exposure Category	Adult/Adolescent Males	(%)	Females	(%)	Total	(%)
Men Who Have Sex With Men	161	(65)	0	(0)	161	(59)
Injecting Drug Use	28	(11)	2	(8)	30	(11)
Men Who Have Sex with Men and Injecting Drug Use	31	(13)	0	(0)	31	(11)
Hemophiliac	7	(3)	0	(0)	7	(3)
Heterosexual Contact	6	(2)	16	(64)	22	(8)
Transfusion w/ Blood/Products	4	(2)	4	(16)	8	(3)
None of the Above/Other	12	(5)	3	(12)	15	(5)
Total Adults/Adolescent	249	(100)	25	(100)	274	(100)
	Pediatric					
	Males	(%)	Females	(%)	Total	(%)
Parent at risk/has AIDS/HIV	2	(100)	1	(100)	3	100)
Total Pediatric	2	(100)	1	(100)	3	(100)

2. Age	Cases	(%)
Under 5	3	(1)
5-12	0	(0)
13-19	2	(1)
20-29	65	(23)
30-39	128	(46)
40-49	51	(18)
Over 49	28	(10)
Unknown	0	(0)
Total	277	(100)

3. Race/Ethnicity	Cases	(%)
White, Not Hispanic	243	(89)
Black, Not Hispanic	6	(2)
Hispanic	9	(3)
Asian/Pacific Is.	0	(0)
Am. Indian/Alaskan	16	(6)
Unknown	0	(0)
Total	274	(100)

As of September 30, 1995, there have been 483 cumulative positive HIV tests from 79,091 tests conducted through the DPPHS Public Health Laboratory since 1985. Due to anonymous HIV testing, the cumulative number of HIV positive tests may contain duplicates. Nationally, as of August 31, 1995, 488,931 cases of AIDS and 270,870 deaths have been reported to the Centers for Disease Control. *Includes 190 Montana AIDS cases and 87 cases reported to Centers for Disease Control diagnosed in other states who moved to Montana.

STD MORBIDITY REPORT

Disease	Male 1/94-12/94	Male 1/95-12/95	Female 1/94-12/94	Female 1/95-12/95	Total 1/94-12/94	Total 1/95-12/95
Chlamydia						
Private	74	61	378	288	452	349
Public	97	71	511	427	608	498
Military	29	27	14	30	43	57
Indian Health Service	36	18	164	134	200	152
Total	**236**	**177**	**1,067**	**879**	**1,303**	**1,056**
Chlamydia with PID						
Public	0	0	14	14	14	14
Private	0	0	10	2	10	2
Total	**0**	**0**	**24**	**16**	**24**	**16**
Uncomplicated Gonorrhea						
Private	14	18	11	11	25	29
Public/Military	17	16	17	11	32	27
Indian Health Service	7	3	14	2	23	5
Total	**38**	**37**	**42**	**24**	**70**	**61**
Syphilis-Pri/Sec						
Private	0	1	1	0	3	1
Indian Health Service	0	1	0	1	0	2
Syphilis-El						
Private	1	1	0	1	1	2
Public	2	1	1	1	3	2
Indian Health Service	1	3	0	2	1	5
Syphilis-Neuro	0	0	0	0	0	0
Total	**4**	**5**	**1**	**4**	**05**	**09**

To report cases of patients who meet the CDC definition of AIDS, please contact Jim Murphy, Surveillance Coordinator, with the Epidemiology/Communicable Disease Program, (406) 444-0274.

NEWS BRIEFS:

CDC Urges HIV Testing for Pregnant Women

Nationally, HIV and AIDS are increasingly diagnosed among women. In 1993, women comprised 12% of cumulative AIDS cases. The rate of increase in recent AIDS cases among women (38%) from 1992 to 1993, however, is substantially higher than the rate in adolescent/adult men (15%). In 1993, approximately 7,000 HIV-infected women gave birth in the U.S., with 1,000-2000 infants being HIV-infected (assuming a transmission rate of 15-30%). In Montana, approximately 10% of the cumulative AIDS cases are women, 90% of those cases among women of childbearing age (15-44 years old). Further, the percentage of positive HIV tests in Montana that are women increased from 5.4% in 1992 to 23.6% in 1994 with the most common exposure category being heterosexual contact.

In the fall 1994, results of a National Institutes of Health AIDS Clinical Trial reported that zidovudine (ZDV or AZT) could significantly reduce perinatal HIV transmission by as much as two-thirds in some infected women with no serious short-term side effects. Although the use of AZT therapy is not 100% effective and the long-term risks to both the mother and child are not yet known, the reduction in HIV transmission indicates that every HIV-infected pregnant woman should be offered AZT therapy. In February, 1995, CDC published a draft document entitled, "Recommendations for HIV Counseling and Testing for Pregnant Women" that proposes HIV counseling and voluntary HIV testing for all pregnant women to ensure that HIV-infected women receive and medical care and to reduce the risk of HIV transmission.

Fewer HIV-Infected Babies Born in U.S.

According to the Centers for Disease Control (CDC), fewer babies born in the United States have been infected with the virus that causes AIDS. It is not clear why the decline has occurred. The Journal of the American Medical Association is publishing an article which indicates the decline could be related to a reduction in fertility rates among HIV-infected women of childbearing age, a greater number of abortions in that group, or a stable state of infection among those women. Furthermore, the researcher's have predicted that by administering AZT to HIV-infected pregnant women could reduce the number of HIV-infected babies by about 66%. This would be if **all infected women could be identified, counseled and treated.**

STD Control for HIV Prevention

A recent study in rural Tanzania, East Africa, has demonstrated that basic STD treatment, when integrated into primary healthcare services, can effect a significant reduction of HIV. The intervention, of which the study was based on, included the establishment of an STD reference clinic, staff training, the regular supply of drugs, standard supervisory visits to health centers, and STD education. The researchers developed 6 intervention groups and 6 comparison groups. After 2 years of follow-up, the incidence of HIV was lower in all 6 intervention groups. However, there were no changes observed in sexual behavior in any of the 12 groups. The greatest impact on HIV incidence occurred in females between the ages of 15 and 24. The researchers concluded that improved STD care reduced HIV incidence by about 40%.

MONTANA RESPONDS TO HIV/STD is a quarterly publication of the HIV/STD Program of the Department of Public Health and Human Services. Its purpose is to share up-to-date statistics and local, state and national information with agencies and individuals who are active in the field of HIV/STD in Montana. Address corrections and other correspondence should be addressed to editor Linda Lahti, Chronic Disease and Health Promotion Program, MDPHHS, Cogswell Building, Helena,MT 59620, or telephoned to (406)444-2675. This publication is made possible through funding from the Centers for Disease Control and Prevention. 800 copies of this public document were published at a cost of $0.55 per copy, for a total of $440.00 which includes $327.00 for printing and $113.00 for distribution.

Montana Department of Public
Health and Human Services, Chronic
Disease and Health Promotion Program
Cogswell Building
PO Box 200901
Helena, MT 59620
(406)444-3565
Fax (406)444-2920

STATE LIBRARY
1515 E 6TH AVE
PO BOX 201800
HELENA MT 59620-1800

BULK RATE
U.S. POSTAGE
PAID
HELENA, MT
PERMIT NO. 89